



State of Maine

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICES
FOR CONTRACTORS/VENDORS**

TO: BUREAU OF ACCOUNTS & CONTROL
ATTN DONNA CROCKETT
14 STATE HOUSE STATION
AUGUSTA ME 04333-0014

Phone # 207-626-8445 Fax # 207-626-8447

You are hereby authorized to electronically transfer payments to the following:
(Please submit a voided check or deposit slip from your account for verification)

BANK INFORMATION

_____		_____	
Name of Financial Institution		Account Number	
Type of Account:	_____ Checking	_____ Savings	
_____		_____	
Name on Account		Transit/ABA Number	
_____		_____	_____
Financial Institution Address		City	State Zip Code

for deposit to my/our account and I/we authorize the Agency to initiate credit entries and debit entries (to make corrections) to my/our account at the above named financial institution. Each deposit so made (after any necessary corrections) will be full payment of the amount then due and payable to me/us. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by so notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

CONTRACTOR / VENDOR INFORMATION

_____	_____	_____	
Signature of Depositor (Benefit Recipient) or Authorized Agent	Date	Social Security # of Benefit Recipient or Firm's Tax Identification Number	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	Contact Person: Name: _____		
Title of Authorized Agent	Phone#: _____		

(Please print in ink or type all requested information and notify us **in writing** when there is a change in your company name, address, authorized agent, bank account number, etc.)